



United States Environmental Protection Agency  
Washington, D. C. 20460

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

## Section A: National Data System Coding

Transaction Code 1N 25 NPDES 3M I 0 0 0 2 3 8 1 11 12 8 9 0 6 2 8 17 Inspection Type 18A Inspector 19R Fac Type 202

Remarks

Reserved

Facility Evaluation Rating

BI

OA

Reserved

67       69

70 5

71 N

72 C

73       74

75            

80

## Section B: Facility Data

Name and Location of Facility Inspected

PENNWALT CORPORATION  
4655 BIDDLE AVENUE

WYANDOTTE, MICHIGAN 48912

Entry Time ☒ AM ☐ PM

Permit Effective Date  
9-15-88

Exit Time/Date

6-28-89 10-1-92

Name(s) of On-Site Representative(s)

THOMAS RAY  
LIONEL MONATTE

THOMAS OVERGATE

ERIC PALLER

Title(s)

MANAGER ENVIRONMENTAL AFFAIRS

SUPERVISOR, LABORATORIES

SUPERVISOR OF CHEMISTS

WASTEWATER ANALYST

Phone No(s) (313)  
246-2030  
285-9200  
246-2070  
285-9200

Name, Address of Responsible Official

FRANK DIMAGGIO

(SAME AS ABOVE)

Title

PLANT MANAGER

Phone No.

(313) 285-9200

Contacted

☐ Yes ☒ No

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>  </u> Pretreatment	<u>  </u> Operations & Maintenance
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>  </u> Compliance Schedules	<u>  </u> Sludge Disposal
<u>S</u> Facility Site Review	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program	Other: <u>  </u>

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

NO LABORATORY DEFICIENCIES WERE UNCOVERED WHICH COULD EXPLAIN THE UNACCEPTABLE RESULTS FOR BOD<sub>5</sub>, TOTAL SUSPENDED SOLIDS AND TOTAL ZINC IN THE DMR-QA QOB CHECK SAMPLES. DATA REPORTED BY THIS PERMITTEE UNDER THE NPDES PROGRAM SHOULD BE CONSIDERED ACCURATE AND VALID.

US EPA RECORDS CENTER REGION 5



402871

Name(s) and Signature(s) of Inspector(s)

ARTHUR S. GEDEON

*Arthur S. Gedeon*

Agency/Office/Telephone USEPA, REGV

EASTERN DISTRICT OFFICE

(214) 835-5200; FTS 942-7260

Date

JUNE 28, 1989

Signature of Reviewer

Agency/Office

Date

## Regulatory Office Use Only

Action Taken

Date

Compliance Status

☐ Noncompliance

☐ Compliance

NPDES No. MI0002381

Facility Name PENNWALT CORPORATION

City and State WYANDOTTE, MICHIGAN

Date of Inspection JUNE 28, 1989

# RECORDS, REPORTS, AND SCHEDULES CHECKLIST

## A. PERMIT VERIFICATION

YES	NO	N/A	INSPECTION OBSERVATION CONTAINED IN PERMIT
X			1. Correct name and mailing address of permittee.
X			2. Facility is as described in permit.
X			3. Notification has been given to EPA. State of new, different, increased discharges.
		X	4. Accurate records of influent volume are maintained, when appropriate.
X			5. Number and location of discharge points are as described in the permit.
X			6. Name and location of receiving waters are correct.
X			7. All discharges are permitted.

## B. RECORDKEEPING AND REPORTING EVALUATION

			RECORDS AND REPORTS ARE MAINTAINED AS REQUIRED BY PERMIT
X			1. All required information is available, complete, and current; and
X			2. Information is maintained for required period.
			3. Analytical results are consistent with the data reported on the IMR's.
			4. Sampling and Analysis Data are adequate and include:
X			a. Dates, times, location of sampling
X			b. Name of individual performing sampling
X			c. Analytical methods and techniques
X			d. Results of analysis
X			e. Dates of analysis
X			f. Name of person performing analysis
		X	g. Instantaneous flow at grab sample stations
			5. Monitoring records are adequate and include
X			a. Flow, pH, D.O., etc, as required by permit
X			b. Monitoring charts
X			6. Laboratory equipment calibration and maintenance records are adequate. <i>balances 2x/yr</i>
		X	7. Plant Records are adequate* and include
			a. O&M Manual
			b. "As-built" engineering drawings
			c. Schedules and dates of equipment maintenance and repairs
			d. Equipment supplies manual
			e. Equipment data cards

\* Required only for facilities built with Federal construction grant funds.

# RECORDS, REPORTS, AND SCHEDULES CHECKLIST

## B. Recordkeeping and Reporting Evaluation (continued)

YES	NO	N/A	8. Pretreatment records are adequate and included:
		<input checked="" type="checkbox"/>	a. Industrial Waste Ordinance (or equivalent documents)
		<input checked="" type="checkbox"/>	b. Inventory of industrial waste contributors, including:
		<input checked="" type="checkbox"/>	1. Compliance records
		<input checked="" type="checkbox"/>	2. User charge information
		<input checked="" type="checkbox"/>	9. SPCC properly completed, when required.
		<input checked="" type="checkbox"/>	10. Best Management Practices Program available, when required.

## C. Compliance Schedule Status Review

		<input checked="" type="checkbox"/>	THE PERMITEE IS MEETING THE COMPLIANCE SCHEDULE
		<input checked="" type="checkbox"/>	1. The permittee has obtained necessary approvals to begin construction.
		<input checked="" type="checkbox"/>	2. Financing arrangements are completed.
		<input checked="" type="checkbox"/>	3. Contracts for engineering services has been executed.
		<input checked="" type="checkbox"/>	4. Design plans and specifications have been completed.
		<input checked="" type="checkbox"/>	5. Construction has begun.
		<input checked="" type="checkbox"/>	6. Construction is on schedule.
		<input checked="" type="checkbox"/>	7. Equipment acquisition is on schedule.
		<input checked="" type="checkbox"/>	8. Construction has been completed.
		<input checked="" type="checkbox"/>	9. Start-up has begun.
		<input checked="" type="checkbox"/>	10. The permittee has requested an extension of time.
		<input checked="" type="checkbox"/>	11. The permittee has met compliance schedule.

# RECORDS, REPORTS, AND SCHEDULES CHECKLIST

## D. POTW Pretreatment Requires Review

YES	NO	N/A	THE FACILITY IS SUBJECT TO PRETREATMENT REQUIREMENTS
		<input checked="" type="checkbox"/>	1. Status of POTW Pretreatment Program
		<input type="checkbox"/>	a. The POTW Pretreatment Program has been approved by EPA. (If not, is approval in progress? _____ )
		<input type="checkbox"/>	b. The POTW is in compliance with the Pretreatment Program Compliance Schedule. (If not, what is due, and intent of the POTW to remedy)
		<input type="checkbox"/>	2. Status of Compliance with Categorical Pretreatment Standards.
		<input type="checkbox"/>	a. How many industrial users of the POTW are subject to Federal or State Pretreatment Standards? _____
		<input type="checkbox"/>	b. Are these industries aware of their responsibility to comply with applicable standards?
		<input type="checkbox"/>	c. Have baseline monitoring reports (403.12) been submitted for these industries?
		<input type="checkbox"/>	Have categorical industries in noncompliance (on EMR reports) submitted compliance schedules?
		<input type="checkbox"/>	d. How many categorical industries on compliance schedules are meeting the schedule deadlines? _____
		<input type="checkbox"/>	e. If compliance deadlines has passed, have all industries submitted 90 day compliance reports?
		<input type="checkbox"/>	f. Are all categorical industries submitting the required semiannual report?
		<input type="checkbox"/>	g. Are all new industrial discharges in compliance with new source pretreatment standards?
		<input type="checkbox"/>	h. Has the POTW submitted its annual pretreatment report?
		<input type="checkbox"/>	i. Has the POTW taken enforcement action against noncomplying industrial users?
		<input type="checkbox"/>	j. Is the POTW conducting inspections of industrial contributors?
		<input checked="" type="checkbox"/>	3. Are the industrial users subject to Prohibited Limits (403.5) and local limits more stringent than EPA in compliance? (If not, explain why, including need for revision limits.)

## FACILITY SITE REVIEW CHECKLIST

YES	NO	N/A	
X			1. Standby power or other equivalent provision is provided.
X			2. Adequate alarm system for power or equipment failures is available.
		X	3. POTW handles and disposes of sludge according to applicable Federal, State, and local regulators.
X			4. All treatment units, other than back-up units, are in service.
X			5. Procedures for facility operation and maintenance exist.
X			6. Organization plan (chart) for operation and maintenance is provided.
X			7. Operating schedules are established.
X			8. Emergency plan for treatment control is established.
			9. Operating management control documents are current and include:
X			a. Operating report
X			b. Work schedule <i>24HRS/DAY</i>
X			c. Activity report (time cards)
		X	10. Maintenance record system exists and includes:
			a. As-built drawings
			b. Shop drawings
			c. Construction specifications
			d. Maintenance history
			e. Maintenance costs
X			11. Adequate number of qualified operators are on hand.
X			12. Established procedures are available for training new operators.
X			13. Adequate spare parts and supplies inventory and major equipment specifications are maintained.
X			14. Instruction files are kept for operation and maintenance of each item of major equipment.
X			15. Operation and maintenance manual is available.
		X	16. Regulatory agency was notified of bypassing. <i>NOT POSSIBLE TO BY-PASS</i> (Dates _____)

## FACILITY SITE REVIEW CHECKLIST

YES	NO	N/A	
	X		17. Hydraulic and/or organic overloads are experienced.  Reason for overloads _____ _____ _____ _____
X			18. Up-to-date equipment repair records are maintained.
		X	19. Dated tags show out of service equipment. <i>REPAIRED</i>
X			20. Routine and preventive maintenance are scheduled/performed on time.

# **PERMITTEE SAMPLING INSPECTION CHECKLIST**

## **A. Permittee Sampling Evaluation**

YES	NO	N/A	
<input checked="" type="checkbox"/>			1. Samplings are taken at sites specified in permit.
<input checked="" type="checkbox"/>			2. Locations are adequate for representative samples.
		<input checked="" type="checkbox"/>	3. Flow proportioned samples are obtained where required by permit. <i>NOT STATED IN PERMIT</i>
<input checked="" type="checkbox"/>			4. Sampling and analysis completed on parameters specified by permit.
<input checked="" type="checkbox"/>			5. Sampling and analysis done in frequency specified by permit.
<input checked="" type="checkbox"/>			6. Permittee is using method of sample collection required by permit. Required Method: _____ If not, method being used is: ( ) Grab ( ) Manual composite ( ) Automatic composite
<input checked="" type="checkbox"/>			7. Sample collection procedures are adequate:
<input checked="" type="checkbox"/>			a. Samples refrigerated during compositing
<input checked="" type="checkbox"/>			b. Proper preservation technique used
<input checked="" type="checkbox"/>			c. Container and sample holding times before analyses conform with 40 CFR 136.3
		<input checked="" type="checkbox"/>	8. Monitoring and analyses are performed more often than required by permit. If so, results reported in permittee's self-monitoring report.

## **B. Sampling Inspection Procedures and Observations**

		<input checked="" type="checkbox"/>	1. Grab samples obtained
		<input checked="" type="checkbox"/>	2. Composite sample obtained Composite frequency _____ Preservation _____
		<input checked="" type="checkbox"/>	3. Sample refrigerated during compositing.
		<input checked="" type="checkbox"/>	4. Flow proportioned sample obtained.
		<input checked="" type="checkbox"/>	5. Sample obtained from facility sampling device.
		<input checked="" type="checkbox"/>	6. Sample representative of volume and nature of discharge.
		<input checked="" type="checkbox"/>	7. Sample split with permittee.
		<input checked="" type="checkbox"/>	8. Chain of custody procedures employed.



# FLOW MEASUREMENT

## A. Flow Measurement Inspection Checklist-General

YES	NO	N/A	1. Primary flow measurement device is properly installed and maintained.
X			2. Flow records are properly kept.
X			3. Sharp drops or increases in flow value are accounted for.
	X		4. Actual flow discharge is measured.
X			5. Influent flow is measured before all return lines. <i>INTAKE RIVER H<sub>2</sub>O PUMPS</i>
		X	6. Effluent flow is measured after all lines.
X			7. Secondary instruments (totalizers, recorders, etc.) are properly operated and maintained.
X			8. Spare parts are stocked.

## B. Flow Measurement Inspection Checklist-Flumes

		X	1. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.
			2. Cross-section velocities at entrance are relatively uniform.
			3. Flume is clean and is free of debris or deposits.
			4. All dimensions of flume are accurate.
			5. Side walls of flume are vertical and smooth.
			6. Sides of flume throat are vertical and parallel.
			7. Flume head is being measured at proper location.
			8. Measurement of flume head is zeroed to flume crest.
			9. Flume is of proper size to measure range of existing flow.
			10. Flume is operating under free-flow conditions over existing range of flows.

*INTAKE RIVER WATER METERS BEING USED FOR  
EFFLUENT FLOW DISCHARGE (BEING REVIEWED BY DNR)*

## FLOW MEASUREMENT

### C. Flow Measurement Inspection Checklist - Weirs

		X	1. What type of weir is being used?
YES	NO	N/A	2. The weir is exactly level.
			3. The weir plate is plumb and its top edges are sharp and clean.
			4. There is free access for air below the nappe of the weir.
			5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
			6. The stilling basin of the weir is of sufficient size and clear of debris.
			7. Head measurements are properly made by facility personnel.
		✓	8. Proper flow tables are used by facility personnel.

### D. Flow Measurement Inspection Checklist - Other Flow Devices

			1. Type of flowmeter used: <u>DIFFERENTIAL FLOW METER</u>
			2. What are the most common problems that the operator has had with the flowmeter? _____ _____
			3. Measure Wastewater flow: _____ mgd; Recorded flow: _____ mgd; Error _____ %
			4. Design flow: _____ mgd.
X			5. Flow totalizer is properly calibrated.
			6. Frequency of routine inspection by proper operator: <u>ONCE</u> /day.
			7. Frequency of maintenance inspections by plant personnel: _____/year.
			8. Frequency of flowmeter calibration: _____ /month.
X			9. Flow measurement equipment adequate to handle expected ranges of flow rates.
		X	10. Venturi meter is properly installed and calibrated.
		X	11. Electromagnet flowmeter is properly calibrated.

# LABORATORY QUALITY ASSURANCE CHECKLIST

## A. General

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	1. Written laboratory quality assurance manual is available.
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## B. Laboratory Procedures

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. EPA approved analytical testing procedures are used.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. If alternative analytical procedures are used, proper approval has been obtained.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Calibration and maintenance of instruments and equipment is satisfactory.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Quality control procedures are used.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Quality control procedures are adequate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Duplicate sample are analyzed <u>30+</u> % of time. <u>SS, NH<sub>3</sub></u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Spiked samples are used <u>0</u> % of time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Commercial laboratory is used:  Name: <u>YORK LABS</u> Address: <u>CHICAGO ILL</u> Contact: _____ Phone: _____

## C. Laboratory Facilities and Equipment

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Proper grade distilled water is available for specific analysis.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Dry, uncontaminated compressed air is available.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Fume hood has enough ventilation capacity.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The laboratory has sufficient lighting.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Adequate electrical sources are available.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Instruments/equipment are in good condition.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Written requirements for daily operation of instruments are available.

# LABORATORY QUALITY ASSURANCE CHECKLIST (continued)

## C. Laboratory Facilities and Equipment (continued)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Standards are available to perform daily check procedures.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Written trouble-shooting procedures for instruments are available.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Schedule for required maintenance exists.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Proper volumetric glassware is used.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Glassware is properly cleaned.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Standard reagents and solvents are properly stored.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Working standards are frequently checked.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Standards are discarded after shelf life has expired.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Background reagents and solvents run with every series of samples.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Written procedures exist for cleanup, hazardous response methods, and applications of correction methods for reagents and solvents.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Gas cylinders are replaced at 100-200 psi. <i>A.A. METALS</i>

## D. Laboratory's Precision, Accuracy, and Control Procedures

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A minimum of seven replicates is analyzed for each type of control check and this information is on record.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Plotted precision and accuracy control charts are used to determine whether valid, questionable, or invalid data are being generated from day to day.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Control samples are introduced into the train of actual samples to ensure that valid data is being generated.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The precision and accuracy of the analyses are good.

## LABORATORY QUALITY ASSURANCE CHECKLIST (continued)

### E. Data Handling and Reporting

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Round-off rules are uniformly applied.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Significant figures are established for each analysis.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Provision for cross-checking calculations is used.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Correct formulas are used to reduce to simplest factors for quick, correct calculations.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Control chart approach and statistical calculations for quality assurance and report are available and followed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Report forms have been developed to provide complete data documentation and permanent records and to facilitate data processing.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Data are reported in proper form and units.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Laboratory records are kept readily available to regulatory agency for required period of time
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Laboratory notebook or preprinted data forms <del>are permanently bound to</del> provide good documentation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Efficient filing system exists enabling prompt channeling of report copies.

### F. Laboratory Personnel

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The analyst has appropriate training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The analyst follows the specified procedures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The analyst is skilled in performing analyses

# II. SAMPLING AND PRESERVATION

Page \_\_\_\_ of \_\_\_\_

Laboratory PENNWALT

Unit \_\_\_\_\_

Provide a listing of sample containers and preservatives (icing or refrigeration are a preservative) used for chemical analyses. For each container and preservative combination provide a listing of parameters routinely analyzed and their normal holding times. Use comments to differentiate programs, if necessary, or to note any special container precleaning used. If this information is already documented, please provide it instead of completing this section.

Container* (also state volume)	Preservation	Parameters	Holding Time (normal)	Comments
D.O.	FROM CL <sub>2</sub> BUTTE		< 30 MIN	GRABS *
PH	FROM CL <sub>2</sub> SAMPLES		< 30 MIN	*
CL <sub>2</sub>	NO AIR SPACE IN BROWN QT BUTTE		< 30 MIN	LOW CL <sub>2</sub> ANYWAY *
* SUSP. 1/2 SOLIDS	NP	1 GALL GLASS BOTTLE	< 1 HR	
* LOW 1/2 BODs			4 1/2 HR	
CHLORIDES	(1)		< 1 HR	
* LOW ZINC	ALICQUOTE FOR TOM PLASTIC BOTTLE			
PHENOL	1 ml H <sub>2</sub> SO <sub>4</sub> NOT ICA		DONE BY GG	TO CONTRACTOR YORK LABS IN CHICAGO *
NH <sub>3</sub>	<del>1 ml H<sub>2</sub>SO<sub>4</sub></del> <del>NOT ICA</del> NP		RUN WITHIN 1 HR	MONITOR ONLY
TEMP.				
	MAY BE DONE	IN-HOUSE		

\* High Density Polyethylene (HDP), Low Density Polyethylene (LDP), Glass (G), Reusable (R), Disposable (D).

III. TEST PROCEDURES USED FOR POINT SOURCE MONITORING including  
COMPLIANCE MONITORING FOR THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

Laboratory PENNWALT

SPECIFIC PARAMETER	METHOD DESCRIPTION	REFERENCE			
		STD. METHODS	USEPA METHODS	ASTM METHODS	OTHER
PH	COEN IN U PH/10N 135 ↓ RECORDS STD. NATION 2 PHISH 4 & 10 CL IN DARK BOX LABS METR 3X/WK	16Ch			OK
Cl <sub>2</sub>	SPECIFIC ION METTER CAB EACH TIME				OK
D.O. BODS * 1/2	ADIL/3 SEED / 1 BCK MAKE OWN SEED HACK PILLUS DAILY	BOD STD RUN WEEKLY			
* SUSP SOLIDS * 1/2	TEMP @ 107 6/28/89 NORMALLY 100-105 °C USE	103-105	SS, STD RUN WEEKLY		OK
CHLORIDE	Hg NO <sub>3</sub> TITRATION K <sub>2</sub> Cr <sub>2</sub> O <sub>7</sub> 100ml / FSTD WAK	NEW STD CL SHIP ONCE/m			OK
X * LOW ZINC					
PHENOL	CONTRACT GC				
NH <sub>3</sub>	DIST w/ BUCHI 320 (BTEAM DISTILLED NH <sub>3</sub> INTO IND. BORIC ACID)				OK
	STD DISTILLED OVER H <sub>2</sub> S & TITRATION				

TEMP.